

Name  
in  
Full

*Migpha Cain*

CERTIFICATE OF DEATH

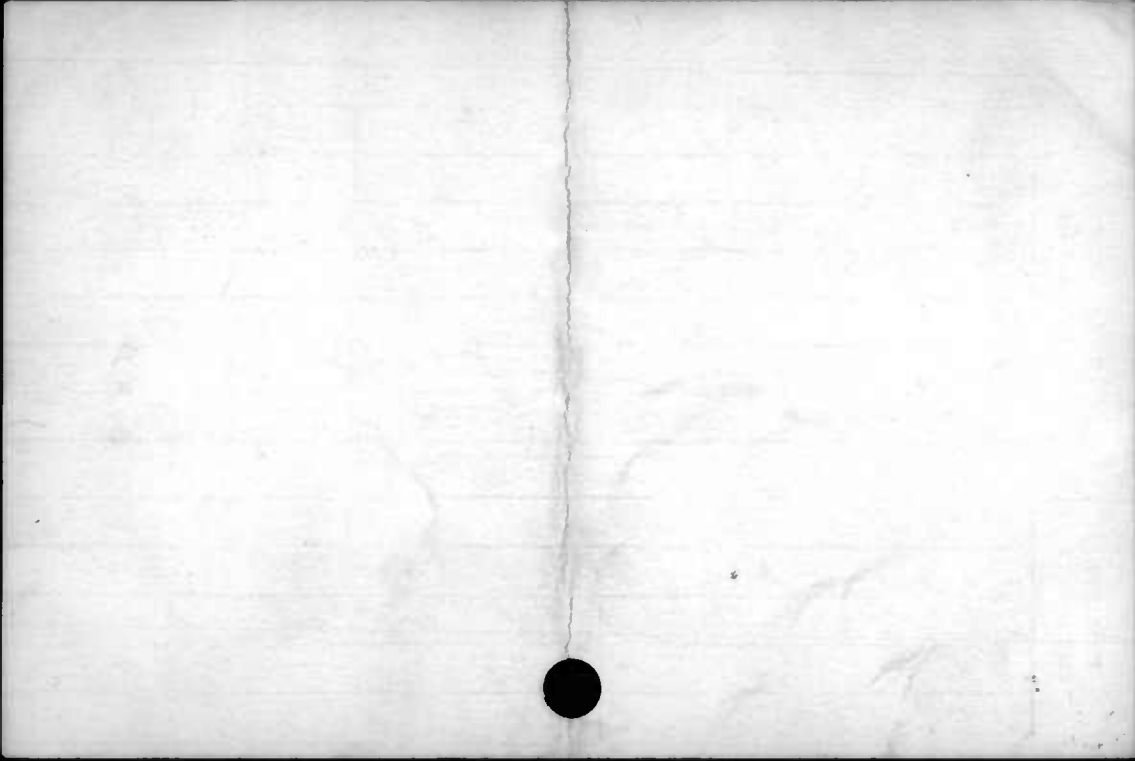
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		<i>Church Hill</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND	
Date of death 1903		Month <i>July</i>		Day <i>27th</i>		Age <i>60</i> <small>Years</small>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Queen Anne's</i>		Months <i>—</i> Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Mrs Wash Cain</i>							
Father's Name <i>Samuel Henson</i>				Father's Birthplace <i>Queen Anne's Co</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Arthur Cain</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>7 days</i>	
Immediate <i>asphyxia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. P. Dudley</i>	
<i>9</i>		Address <i>Church Hill</i>	
Accident or Suicide?		<i>Queen Anne's Co Md</i>	



Name  
in  
Full

William Clough

## CERTIFICATE OF DEATH

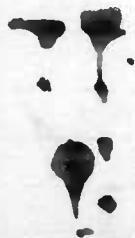
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butterville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>17</i>	Age <i>90</i>	Months <i>5</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Queen Anne</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>2 a Co</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>2 a Co</i>		
Name of person giving information <i>Son</i>			<i>79</i>	How related to deceased <i>Son</i>	

## CAUSES OF DEATH

Primary <i>Mitral Inefficiency</i>	How long <i>1 yr</i>
Immediate <i>Heart Failure</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Franklin</i>
	Address <i>Butterville</i>
Accident or Suicide? <i>no</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles H. Conyer

## CERTIFICATE OF DEATH

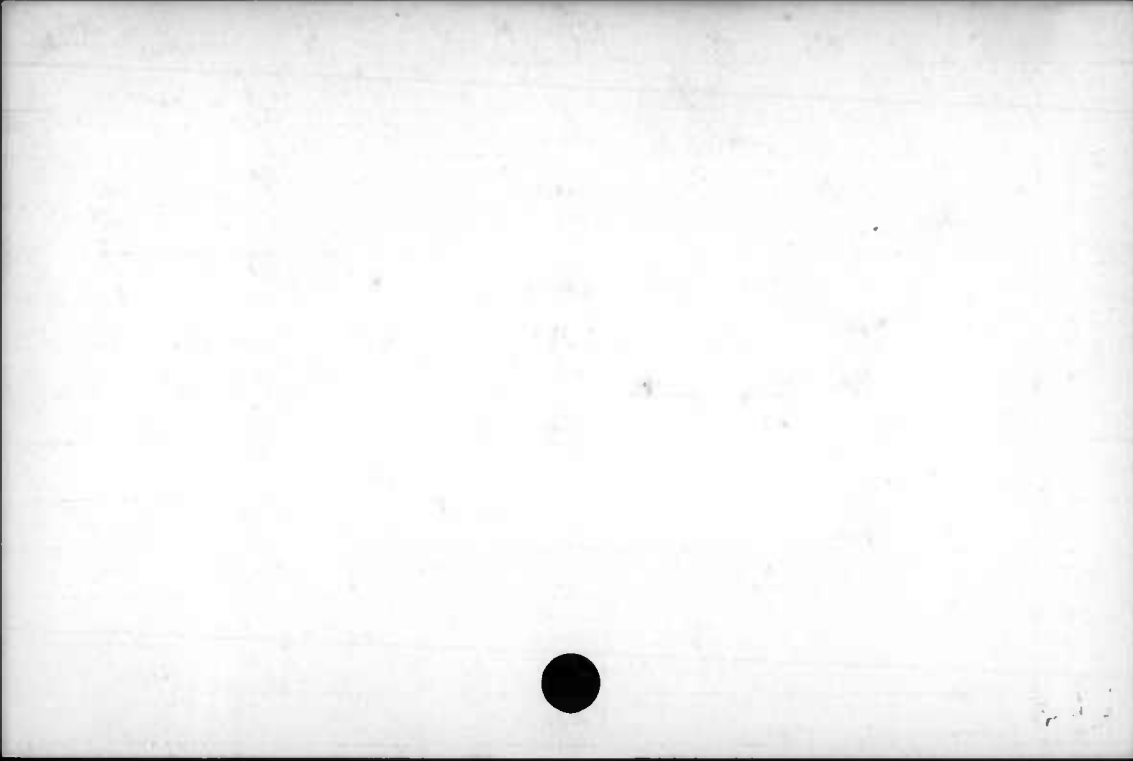
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Greenston</u>		County <u>Anne</u>		MARYLAND	
Date of death 190	3	Month	1	Day	22	Age	Years <u>      </u> Months <u>      </u> Days <u>      </u>
Sex	<u>Boy</u>		Color or Race	<u>Black Neger</u>		Birth-place	<u>Green Anne</u>
Married, Single or Widowed	<u>      </u>		Occupation	<u>      </u>			
Name of Wife or Husband <u><del>Wm H. Conyer</del></u>							
Father's Name <u>Wm H. Conyer</u>				Father's Birthplace <u>2.4. Co</u>			
Mother's Maiden Name <u>Laura Carter</u>				Mother's Birthplace <u>2.4. Co</u>			
Name of person giving information <u>Wm H. Conyer</u>				How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia,</u>	How long	<u>93</u>	<u>One week.</u>
Immediate	<u>Heart failure</u>	How long	<u>      </u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Harold R. Hopkins.</u>		
<u>Yes</u>		Address <u>Greenston</u>		
Accident or Suicide? <u>      </u>		<u>M.D.</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

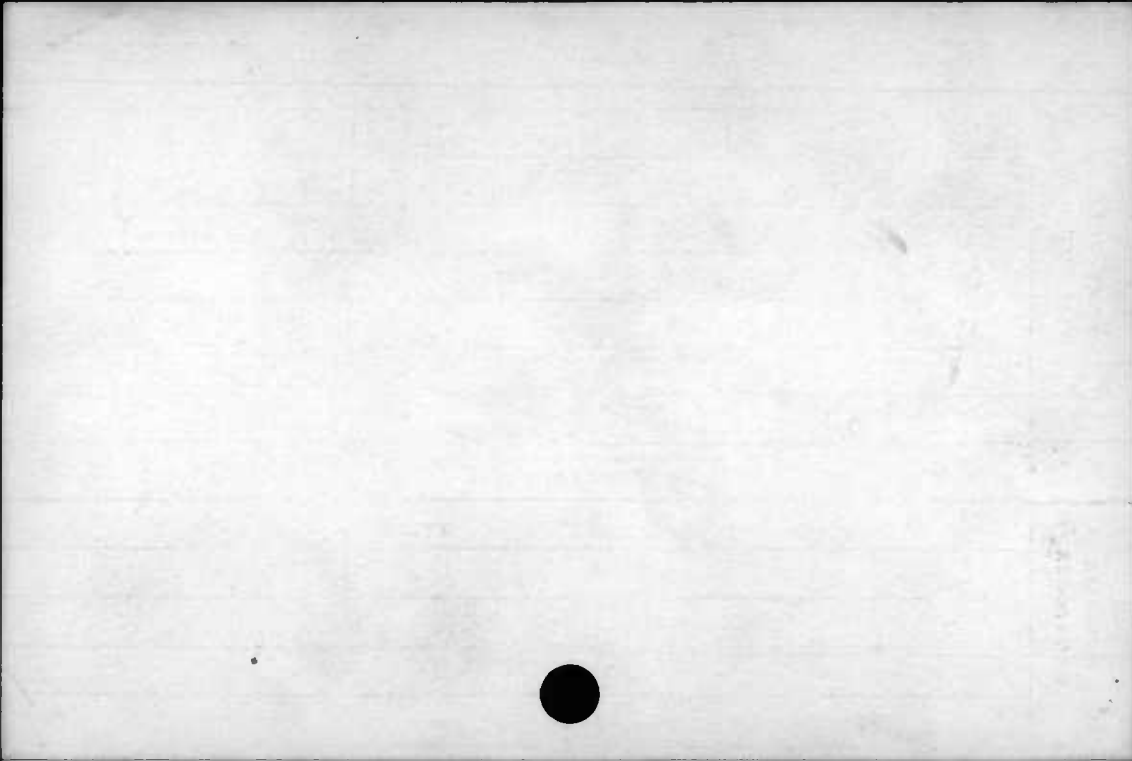
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne's		MARYLAND	
Date of death 1903		Month 1	Day 10	Age 75	Years —	Months 9	Days 2
Sex Male		Color or Race Anglo Saxon		Birth- place Centreville Md			
Married, Single or Widowed Widower		Occupation Messenger Sub Lines Office at Baltimore					
Name of Wife or Husband Mary Elizabeth Newman							
Father's Name Robt. Goldsborough		Father's Birthplace Md					
Mother's Maiden Name Elen Lux		Mother's Birthplace "					
Name of person giving In formation Palmer Goldsborough		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cyclitis	How long	2 week
Immediate	Septicemia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. M. K. M. A.	
		Address Centreville	
Accident or Suicide?		no	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Ingleside</i> <sup>Town</sup>		<i>L.A.</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>20</i>	Age <i>80</i> <sup>Years</sup>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Kitty Hall</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Nathan Hall</i>				How related to deceased <i>son</i>	

## CAUSES OF DEATH

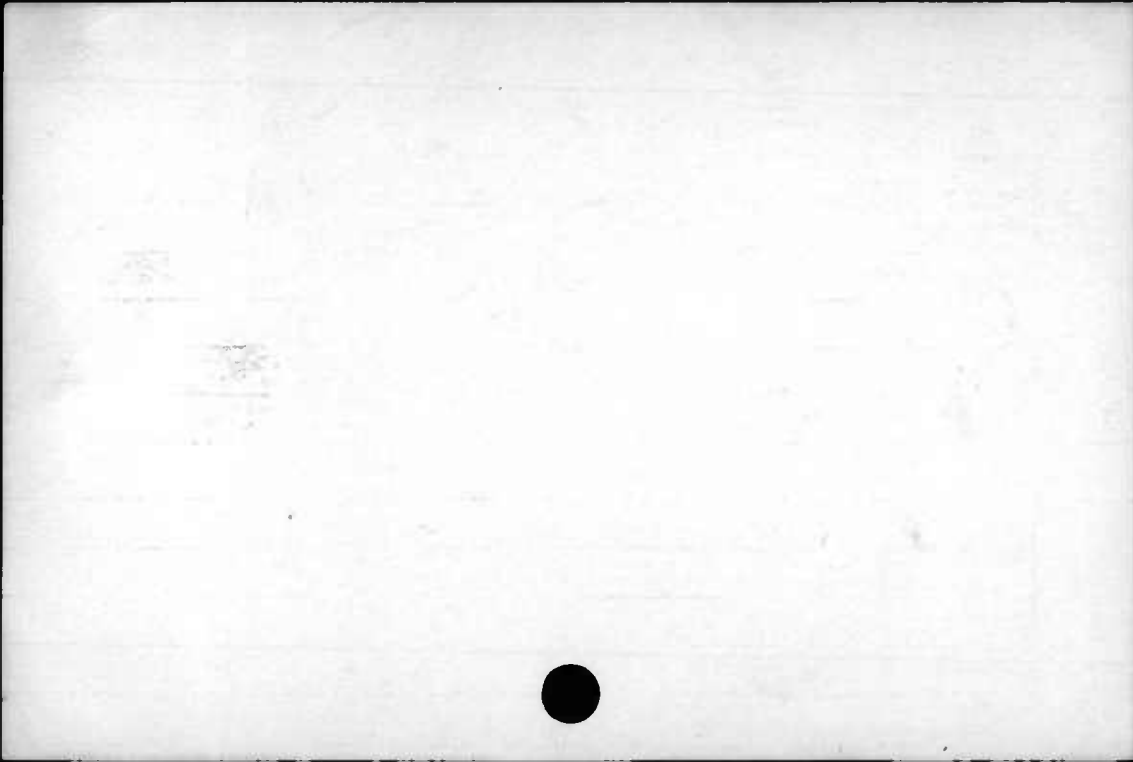
Primary <i>Old age</i> <i>154</i>	How long
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

*Hamilton*  
Town

County

MARYLAND

Died at

*Crumpston*

*Queen Anne's*

Date

of death 190

3

Month

*Jan*

Day

3

Age

Years

Months

Days

2

Sex

*Male*

Color or Race

*Negro*

Birth-place

*Crumpston*

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name

*Unknown*

Father's Birthplace

Mother's Maiden Name

*Evelyn Fletcher*

Mother's Birthplace

*New Jersey*

Name of person giving information

*Wm Fletcher*

How related to deceased

*Nucle*

CAUSES OF DEATH

Primary

*Premature Birth 151*

How long

Immediate

*Exhaustion*

How long

*2 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*C. P. Gownare*

Address

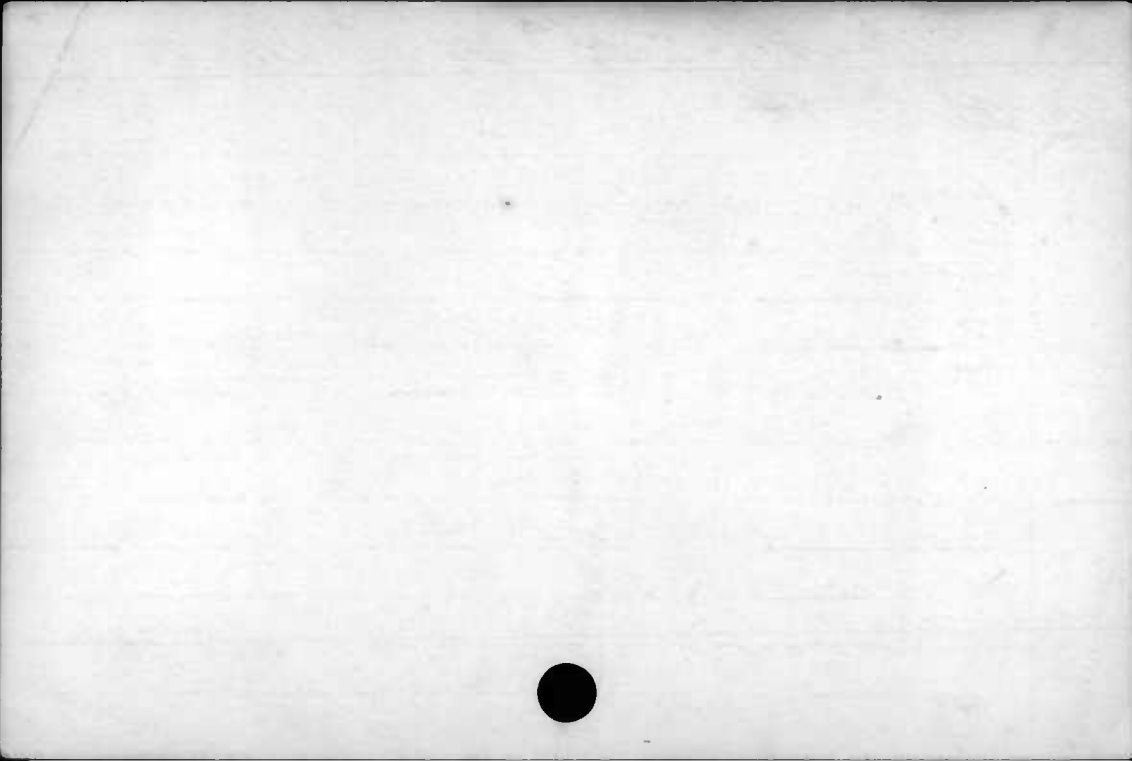
*Crumpston Md*

Accident, or Suicide?

*\_\_\_\_\_*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

James Henry

Town

County

MARYLAND

Died at Winchester

Date of death 1903

Month

Jan

Day

29

Age

Years

2

Months

Days

Sex

male

Color or  
Race

negro

Birth-  
place

Winchester Md

Married, Single  
or Widowed

Died at birth

Occupation

Name of Wife or  
HusbandFather's  
Name

James Henry

Father's  
Birthplace

Talbot Co Md

Mother's  
Maiden Name

Isabel Butler

Mother's  
Birthplace

Id. Co Md

Name of person giving  
In formation

James Henry

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Shock from delayed labor

How long

—

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Levan T. Henry

Address

Stent Island

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary A. Hurlock -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Church Hill</i>		Town <i>2</i>		County <i>Cal.</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>6</i>	Age <i>76</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>	Occupation						
Name of <del>Wife</del> Husband <i>David Hurlock</i>							
Father's Name <i>Thos. Benson</i>	<i>64</i>			Father's Birthplace			
Mother's Maiden Name <i>—</i>	<i>60</i>			Mother's Birthplace			
Name of person giving information <i>Dr. J. Hurlock</i>	<i>—</i>			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>4 years 3 mo</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. H. Medore</i>
	Address <i>Church Hill Md</i>
Accident or Suicide?	

Church Hill Cemetery



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William F Meeds (Meeds)</i>		Town <i>Church Hill</i>		County <i>24es</i>		MARYLAND	
Died at <i>Church Hill</i>		Month <i>1</i>		Day <i>16</i>		Years <i>61</i>	
Date of death 190 <i>3</i>		Month <i>1</i>		Day <i>16</i>		Age <i>61</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Days <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>Emily Crossley</i>		Father's Name <i>—</i>		Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Name of person giving information <i>Frank O Meeds</i>		How related to deceased <i>Son</i>		—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 years</i>
Immediate <i>Uremia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. G. Hedon</i>
Address <i>Church Hill, Md</i>	Accident or Suicide?

CH Cambridge

Name  
in  
Full

Richard Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i>2 Ames</i>		County		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>13</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>2. Ames Co</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Don't Know</i>							
Father's Name <i>—</i>				Father's Birthplace <i>2. R Co</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN  
FOR CORONER

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>Apoplexy</i>	How long <i>64</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Tolson M.D.</i>
	Address <i>Crestview Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

J. Albert Smith

## CERTIFICATE OF DEATH

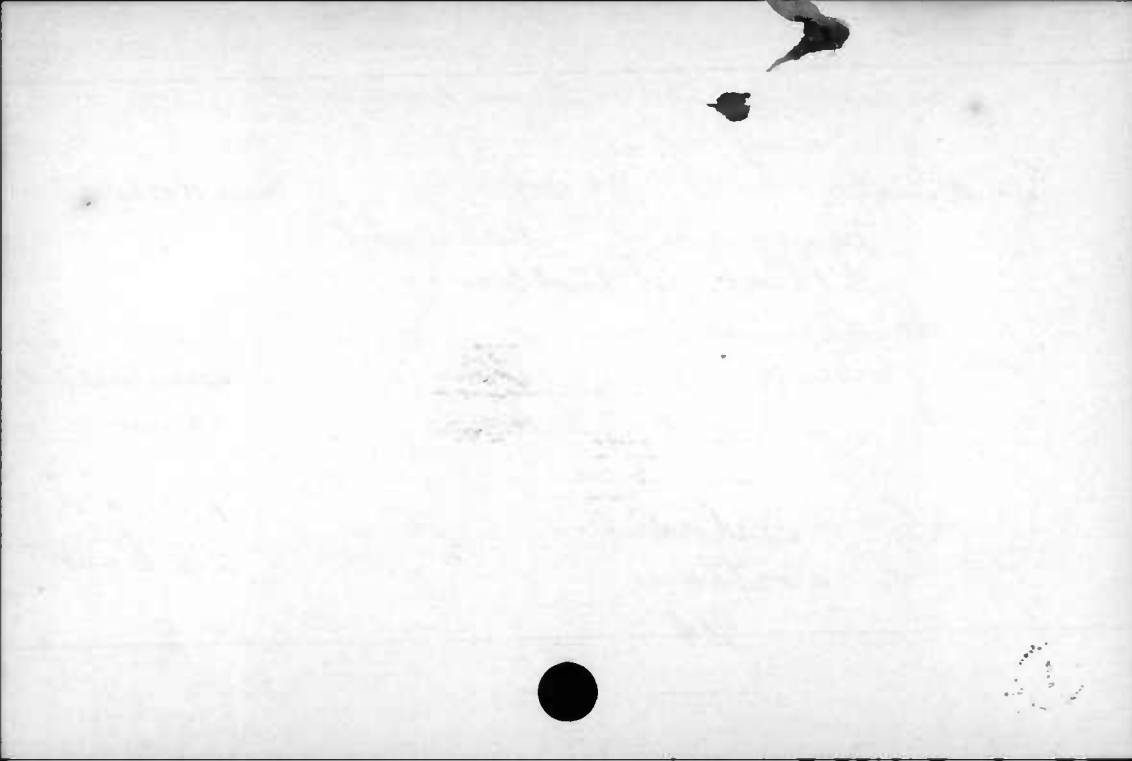
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bethesda</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>1</i>	Day	<i>20</i>
Age		<i>24</i>		Years	
Sex		<i>male</i>		Color or Race	<i>white</i>
Married, Single or Widowed		<i>single</i>		Occupation	<i>Clerk</i>
Name of Wife or Husband					
Father's Name			<i>R. Stapper Smith</i>		
Mother's Maiden Name			<i>Fraunce A. Hallenquorth</i>		
Name of person giving information			<i>R. Happer Smith</i>		
Father's Birthplace			<i>Queen Anne Co</i>		
Mother's Birthplace			<i>Queen Anne Co</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>4 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. M. K. K. K.</i>	
		Address	
		<i>Bethesda</i>	
Accident or Suicide?			



Name  
in  
Full

Fannie Stansbury

## CERTIFICATE OF DEATH

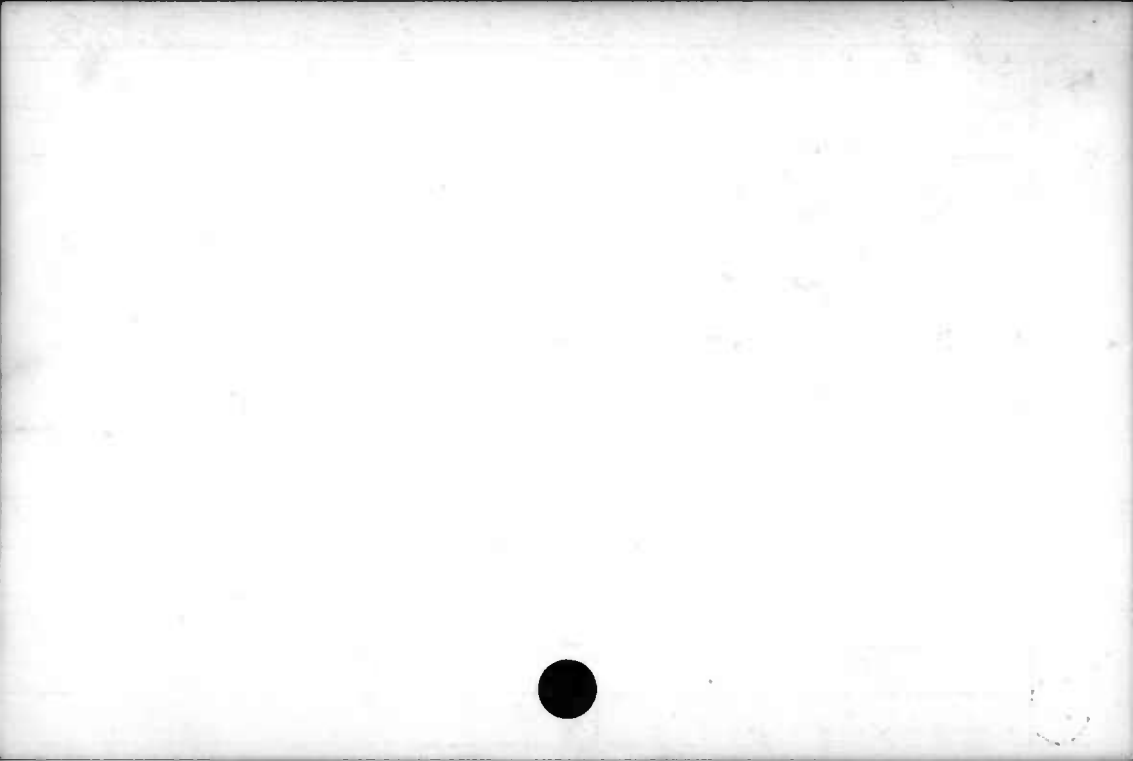
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Haydens Station</i>		Town <i>Lucas</i>		County <i>Annies</i>		MARYLAND	
Date of death 1903	Month <i>January</i>	Day <i>2nd</i>	Years <i>49</i>	Months <i>10</i>	Days <i>6</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>near Rossville</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Albert Stansbury</i>							
Father's Name <i>Benjamin Cain</i>		Father's Birthplace <i>2. A. Co.</i>					
Mother's Maiden Name <i>Amy Cain</i>		Mother's Birthplace <i>Caroline Co</i>					
Name of person giving information <i>Benjamin Stansbury</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
1

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Prostration</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Dudley MD</i>
	Address <i>Church Hill Maryland</i>
Accident or Suicide?	





Name  
in  
Full

Amanda Story

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Burrisville		County Baltimore		MARYLAND	
Date of death 190	2	Month 1	Day 8	Age 73	Years	Months	Days
Sex	Female		Color or Race	Anglo-Saxon		Birth- place	D.A., Co
Married, <del>Single</del> or Widowed	Widow		Occupation		Nurse		
Name of Wife or Husband Capt Story							
Father's Name				Saul, McLaughlin			
Mother's Maiden Name				Robinson			
Name of person giving In formation				Mrs E.H. Brown			
				Father's Birthplace Md			
				Mother's Birthplace 4			
				How related to deceased Friend			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	7 days
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Baltimore	
			Maryland	
Accident or Suicide?				

NOT RECORDED



Name  
in  
Full

CERTIFICATE OF DEATH

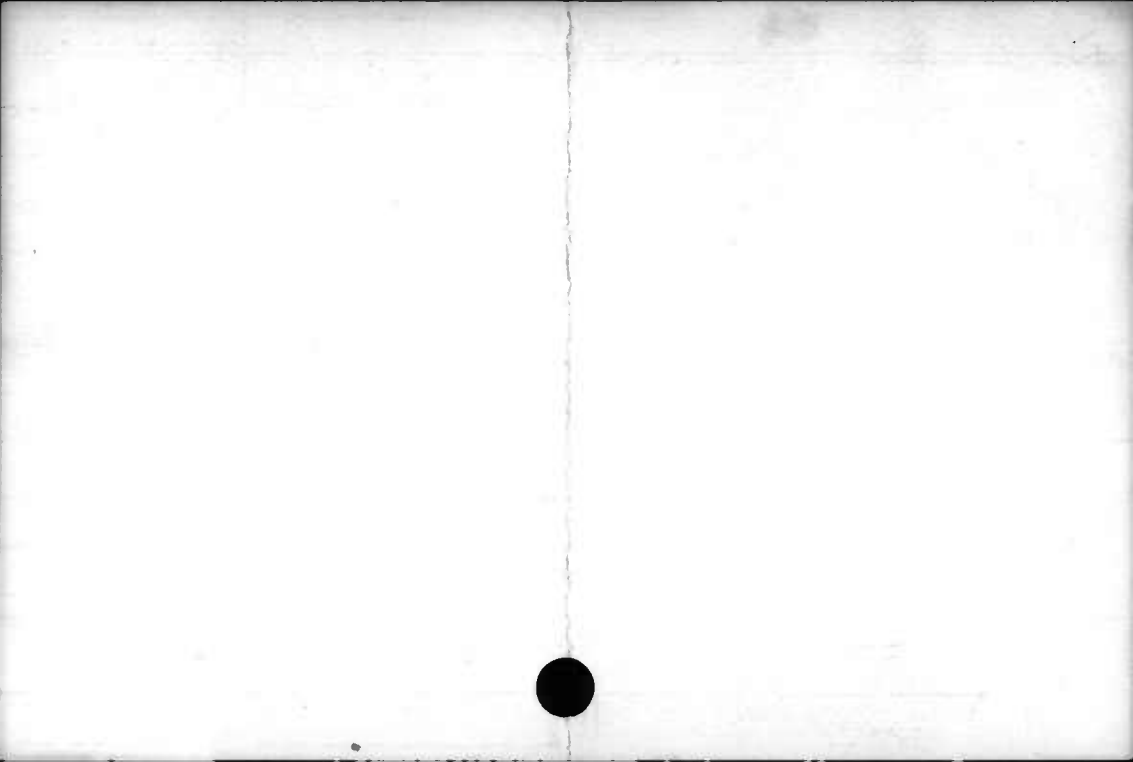
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sophia Wallace</i>		Town <i>Ankerville</i>		County <i>Q. A. Co</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Jan</i>		Day <i>15th</i>	
Age <i>27</i>		Years <i>4</i>		Months <i>3</i>		Days	
Sex <i>F</i>		Color or Race <i>Negro</i>		Birth-place <i>Rude's Creek farm</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Wm B Wallace</i>							
Father's Name <i>Saml. Willis</i>				Father's Birthplace <i>Hermitage</i>			
Mother's Maiden Name <i>Sarah Hattis Marsh</i>				Mother's Birthplace <i>Rude's Creek</i>			
Name of person giving Information <i>Fred Nichols</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
FOR CORONER

Primary <i>Tuberculosis of lungs</i>		How long <i>Six mths</i>	
Immediate <i>Weakness of Heart</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W D Troy</i>	
		Address <i>Ankerville Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

*Lessie Jane Wilson*  
 Town *Church Hill* County *Queen Anne's Co.* MARYLAND  
 Died at  
 Date 1903 *January 2* Month *January* Day *2* Age *3-4* Y. *3* M. *4* D. *-* Native of *D.A. Chet* Occupation *-*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living *-*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*3 weeks.*~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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